



Community Services Department • Recreation Division
201 S. Rengstorff Avenue • Post Office Box 7540 • Mountain View, CA 94039-7540 • 650-903-6331 • FAX 650-962-1069

Withdrawal Request

Withdrawal Policy

- A written request is required for all withdrawals. Requests must be submitted to the Recreation Office.
- Requests for withdrawal must be **made no less than 14 calendar days, including weekends and holidays, before the first day of class.**
- Withdrawals requested less than 14 calendar days before the first day of class will not be honored.
- Participants are responsible for any additional fees.
- A \$6 processing fee will be assessed per transaction.
- Refunds will be issued in the original form of payment* within (3) weeks from the request.

**Payments made in cash will be issued in the form of a check.*

Main Contact (Parent/Legal Guardian): _____

Home Telephone: (____) _____ Cell Number: (____) _____

WITHDRAWAL

Participant Name: _____ Class # _____ Class Name _____

Participant Name: _____ Class # _____ Class Name _____

Participant Name: _____ Class # _____ Class Name _____

Reason for withdrawal (required) _____

PAYMENT

☐ **Cash** (please do not mail cash) ☐ **Check** (payable to "City of Mountain View") ☐ **Visa** ☐ **MasterCard**

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____ / ____

Name as it appears on Credit Card _____

Cardholder's Signature X _____ Date _____

By my signature below, I authorize the City of Mountain View Recreation Division to process my withdrawal request.

Parent / Legal Guardian Signature X _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Date Processed: _____ Approved By: _____

Refunded By: ☐ Credit Card ☐ Check ☐ FW Refund Amount: \$ _____ Processed By: _____